

Xu Wellness Center

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Body Scrub Form

Name		Date	
Street Address		Sex	
City	State	Zip	Date of Birth
Mobile Phone & Provider	Marital Status	Height	Weight
Work Phone	Maiden/ Former Name		
Home Phone	Under Physician's Care? What For?		
Email	Primary Physician		
Occupation	Employer		
Emergency Contact & Relationship	Emergency Contact Phone		
Referred by	Other Family Members Seen Here		

Health History

Please check any that apply.

<input type="checkbox"/> Heart/ Circulation Problems	<input type="checkbox"/> High or Low Blood Pressure	<input type="checkbox"/> Arthritis/ Tendonitis
<input type="checkbox"/> Pregnant? Due Date: _____	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Any Allergies: _____
<input type="checkbox"/> Fungal Skin Infections	<input type="checkbox"/> Infectious Disease or Active Infection	<input type="checkbox"/> Skin Problems/ Conditions
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Lymphatic Disorder	<input type="checkbox"/> Surgery in the last 3 months: _____	<input type="checkbox"/> Cancer: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sprains/ Strains	<input type="checkbox"/> Pain Condition
<input type="checkbox"/> Mobility Issues	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Pace Maker	<input type="checkbox"/> HIV/ AIDS
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Currently under medical care	<input type="checkbox"/> Implanted Metal Pins or Rods
<input type="checkbox"/> Acute/ Recent Illness	<input type="checkbox"/> Artificial Joints	<input type="checkbox"/> Silicone/ Saline Implants
<input type="checkbox"/> Adrenal, Hormone, or Thyroid Disease	<input type="checkbox"/> Auto-Immune Disease	<input type="checkbox"/> Fever within the last 48 hours
<input type="checkbox"/> Open Wounds or Lesions	<input type="checkbox"/> Kidney Problems/ Disease	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> Menopause	<input type="checkbox"/> Birth Control/ Estrogen
<input type="checkbox"/> Undergoing Hormone Therapy	<input type="checkbox"/> Rosacea/ Rashes	<input type="checkbox"/> Skin Cancer, date: _____
<input type="checkbox"/> Contact Allergies	<input type="checkbox"/> Allergic to Aspirin	<input type="checkbox"/> Ever had an Allergic Reaction
<input type="checkbox"/> Other Health Problems/ Conditions: _____		

Medication List

Please list all prescription and non-prescription medication, along with any vitamins, herbs, supplements that you are currently taking: _____

Skin Questions

1. Have you had a Chemical Peel, Injectables, Botox, Laser Treatments, Resurfacing, or Microdermabrasion in the past? _____ If yes, please give dates: _____
2. During pregnancy, did you ever get hyper-pigmentation or masking? _____
3. How does your skin react when tanning? Do you tan always, usually, burn then tan, or always burn? _____
4. Do you have even or uneven pigmentation? _____
5. Do you have any birthmarks? _____ Please give a brief description: _____
6. Do you have problems with acne? _____ Are they whiteheads, blackheads, or pimples? _____
7. Do you have acne scars? _____
8. Do you have enlarged pores? _____
9. Is your skin flakey or dry? _____
10. Do you have broken capillaries? If yes, where? _____
11. Describe your skin. Is it oily, dry, combination, sensitive, etc: _____
12. Please describe your home skin care regiment and list the products used: _____
13. What would you like to improve about your skin? _____

Informed Consent

I understand that I am financially responsible to Xu Wellness Center for payment at time service is rendered. I am aware that checks are not accepted, and that I must pay with credit/ debit card or cash. I authorize Xu Wellness Center to contact me at the above contact information.

I understand that I must cancel or reschedule my appointments with at least a 24-hour notice, or I will be charged the full service price (not the sale or discounted price). This includes no shows. If I have a package then any appointment canceled within 24-hours or any appointment not shown up for will be counted as a used session and will be forfeited. I agree to the before mentioned charge being applied to my credit card that is stored on file. All purchased packages must be used within one year of the original purchase date.

Facial and Body Scrub Treatments are considered safe, and it is my responsibility to inform Xu Wellness Center if any changes in my health occur. I am responsible for informing Xu Wellness Center of any and all health conditions, diseases or disorders from which I suffer. Serious health conditions or injuries will be referred to the appropriate physician, clinic or hospital.

The above health information is true to the best of my knowledge. I understand that Facial and Body Scrub Treatments are not substitutes for medical treatment, and I still need to continue any medical treatment that I am receiving through my physician. I understand that the primary purpose of the treatment or treatments that I am about to receive is for relaxation, detoxification purposes, and skin cleansing and wellness benefits.

I understand that I have the right to refuse treatment at any time, and I have the right to end my treatments at any time. I also understand that I have a right to ask whatever questions I have before, during, or after my treatments. I understand that Xu Wellness Center is not to be held responsible for any unexpected complications that may occur, and I understand that results are not guaranteed.

I understand that inappropriate behavior of a sexual or violent nature towards my therapist/aesthetician will not be tolerated!!! If I initiate any inappropriate behavior, my therapist will immediately end the session, and I will be responsible for the full price of service. If my behavior warrants police involvement, I am aware that they WILL BE CALLED!!!

I understand the treatment or treatments that I am about to receive. I have read this consent form, and I completely understand what I am signing. I consent to be treated at Xu Wellness Center, and I agree to abide with all terms and conditions before mentioned.

Client Signature **X** _____

Please Print Name _____ **Date** _____

If under 18/ Guardian

Signature _____